

# Letter to Editor- Response

Prof. Dr. Murat Altay<sup>1</sup>

## Dear Editor,

I have read with great interest the case report published by Catma MF et al. "A case of 'Treatment of the Bullet, Traversing Femoral Neck, Lodged in Hip Joint: Initial Arthroscopic Removal and Subsequent Cartilage Repair'" in Journal of Orthopaedic Case Reports Sep-Oct 2016, 6(4): 13-16 (1).

In the article gave outcomes of a 32 y-o male patient operated on 08/28/2012 due to a gunshot injury. It was reported that the patient was done an arthroscopically assisted surgery 2 days after the injury. Also, at the second year follow up, chondral defect was noted after some investigation for groin pain and it was reported that he was performed a cell-free scaffold on March 2014. They concluded that after the end of first year the patient has a pain free hip and full range of motion. In the conclusion section they suggested cell-free scaffolds usage for chondral defects after bullet injuries.

Also, that case is exactly the same patient that was included in a case series entitled as 'Clinical and Functional outcomes of Bullet removal from hip joint: 5 year follow up of 3 cases' and reported as the first case which was published in Bozok Medical Journal 2016; 6(3): 60-4 at the similar dates by Catma MF et al (2).

The case regarding a 32 y-o man that was published in an issue of your journal included figment and unreal information. Although the same patient was presented in two different journals in similar dates, the information regarding clinical outcomes of this patient is apparently different. Unfortunately, both information diverge from the truth. I know detailed clinical course of the patient (ÖT, born in 1979, ID:40843032...) by working as head of the clinic of Dişkapi Yildirim Beyazit Education and Research Hospital between July 2011-March 2015.

The truth is so different from these two articles:

The abovementioned patients' referral date to the emergency department is 12/28/2012. His first operation included arthroscopically assisted bullet removal and debridement. His symptoms persisted after the operation till the date my departure from the clinic at February 2015 and I suggested him hip arthroplasty at that time. Because he was very young for such an operation the patient was recommended operation when he will suffer severe pain. However, two months after my departure from the clinic, on 04/16/2015, cell-free scaffold application was performed to the patient with safe dislocation of the hip to give a last chance before arthroplasty. Because of failure of his second operation, on 06/08/2017, total hip arthroplasty was performed to the patient.

In conclusion,

Both published articles include wrong referral dates, operation dates and follow up periods. They probably wanted to increase follow up period. At the time this article was prepared the patient should have a maximum 3 years of follow up. It's a massive lie that the patient has a pain free hip and full range of motion on May 2015 that was reported in the conclusion of the article. Actually, just one month was passed from the second operation (04/06/2015) and by increasing this period they mislead the science, they gave dishonest support to the scaffold company (CaReS Arthro Kinetics, Germany).

Besides the same authorship of both articles, both dates and clinical outcomes were shown to be different in these two articles. For the same patient, a good outcome was reported after application of cell-free scaffold for chondral defect in J of Orthopaedic Case Reports whereas bad outcome and hip arthroplasty need was reported in Bozok Medical Journal and hence total hip arthroplasty was performed to the same patient. 18.01.2019.

## References:

1. Çatma MF, Ünlü S, Ersan Ö, Öztürk A. Treatment of the Bullet, Traversing Femoral Neck, Lodged in Hip Joint: Initial Arthroscopic Removal and Subsequent Cartilage Repair. J Orthop Case Rep. 2016;6(4):13-16
2. Catma MF, Ozturk A, Aksekili MAE. Clinical and Functional Outcomes of Bullet Removal from Hip Joint: Five Year Follow-up of 3 Cases. Bozok Med J 2016;6(3):60-64



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